PATENT

Attorney Docket No.: 130399

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jiang Hsieh

Group No.: 2624

Serial No.:

10/749,033

Filed:

December 30, 2003

Examiner: Bloom, Nathan J

For:

METHODS AND APPARATUS FOR

ARTIFACT REDUCTION

Commissioner for Patents P.O. Box 1450 **Alexandria, VA 22313-1450**

TRANSMITTAL

Transmitted herewith is:

Amendment Transmittal requesting two month extension (3 pgs.) Response to Election Requirement (2 pgs.)

STATUS

Applicant 2. claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	apply. (complete (a) or (b), as applicable)											
	(a) <u>X</u> A	a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)										
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)								
		first month	\$ 120.00	\$ 60.00								
		X second month	\$ 450.00	\$ 225.00								
		third month	\$ 1,020.00	\$ 510.00								
		fourth month	\$1,590.00	\$ 795.00								
		fifth month	\$2,160.00	\$1,080.00								
		,	Fee:	\$450.00								
If an additional extension of time is required, please consider this a petition therefor.												
(Check and complete the next item, if applicable)												
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.												
	Extension fee due with this request \$450.00											
	OR											
(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extensio of time.												

FEE FOR CLAIMS

4.]		101 C1a.	ms (57)	(Col. 2)	(Col. 3)	been calculated as s	110 W 11	OTHER THAN SMALL ENTITY			
	CL/	AIMS			(COL 3)	SWINDE ENTITY		SWITTED DIVITI			
	AF	AINING TER DMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE			
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$			
INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$			
	FIRS	r PRESEN'	TATION OF	MULTIPLE DEP.	CLAIM	+ \$180.00 = \$		+ \$360.00 = \$			
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$			
	(a)	\boxtimes	No add	itional fee fo	r Claims is	s required					
OR											
(b)											
				FEE :	PAYMEN	\mathbf{T}					
5.		Attached is a check in the sum of \$									
	\boxtimes	Charge Deposit Account No. 01-2384 the sum of \$450.00. A duplicate of this transmittal is attached.									
FEE DEFICIENCY											
6. If any additional extension and/or fee is required, charge Deposit Account 01-2384.											
				A	ND/OR						
er er	If any additional fee for claims is required, charge Deposit Account No. 01-2384.										
7.		Other	:								
					Re AF On St.	trick W. Rasche g. No. 37,916 CMSTRONG TEAS the Metropolitan Square Louis, MO 63102 4-621-5070					